



RIDE-ALONG GUEST APPLICATION

Full name _____

Date of Birth _____ **Place of Birth** _____
(Please Print)

Residence Address _____

Occupation _____

Business Address _____

Phone: (Home) _____ **(Work)** _____ **EMAIL:** _____

Drivers License Number _____ **State** _____ **Height** _____

Weight _____ **Hair** _____ **Eyes** _____ **SSN** ____/____/____

Next of Kin _____ **Relationship** _____

Address _____ **Telephone** _____

Reason for requesting to participate in the program? _____

Have you been on a ride-along with S.B.P.D. previously? _____ **When** _____

Preferred shift to ride: **Day** _____ **Evening** _____ **Night** _____

SIGNATURE _____ **DATE** _____

Information provided will be verified and a criminal record check will be conducted. Once approved, the Police Department will contact you by telephone to schedule a date and time for your ride-along.

FOR OFFICE USE ONLY

Date Scheduled _____

Date Completed/Officer _____

Remarks _____

CH: _____

III: _____

WP1: _____

VERSADEX: _____

CITY OF SANTA BARBARA POLICE DEPARTMENT
RIDE ALONG PROGRAM PARTICIPATION AGREEMENT

RELEASE AND INDEMNIFICATION

EACH GUEST MUST COMPLETE AND SIGN THIS FORM BEFORE TAKING A RIDE OR PARTICIPATING IN ANY RIDE ALONG PROGRAM ACTIVITY

NAME (Please print)_____ TELEPHONE: _____

STREET ADDRESS:_____ CITY _____ ZIP _____

THIS RELEASE AGREEMENT MUST BE READ CAREFULLY BEFORE IT IS SIGNED!

I agree to follow every rule and regulation that applies to the City of Santa Barbara Police Department Ride Along Program (hereafter "Program") and to follow promptly and without disagreement every instruction and direction of the assigned officer during my ride along activity.

I understand that there are risks and dangers in participating in the Program and that in order to participate, I must give up any right that I may have now or in the future to hold the City of Santa Barbara or any of its employees, officers, agents, or independent contractors responsible or liable for any injury or damage that I may suffer while participating in the Program.

Knowing this and in consideration for being permitted to participate in the Program, I hereby voluntarily release the City of Santa Barbara and all of its employees, agents, independent contractors, or officers from any and all responsibility for or liability resulting from or arising from my participation in the Program.

I understand that I am assuming full responsibility for any and all risks of death, personal injury, or property damage that might be suffered by me as a result of my participation in the Program. I agree that this release shall bind me, my spouse, my heirs, my personal representatives, my assigns, my children and their agents. I hereby further agree to release, indemnify, and hold the City of Santa Barbara and its officers, agents, employees, and independent contractors harmless from any and all liability and costs, including attorney fees, associated with or arising from my participation in the ride. I understand that if I were to file a lawsuit against the City or its officers, agents, employees, or independent contractors as a result of any personal injury, including death, and/or property damage suffered by me as a result of participation in the Program, including going to and coming from the Ride along, that this release would bar that lawsuit and that the court would dismiss it on the grounds that, by signing this release, I have expressly assumed all the risks associated with participation in the ride, including the risk of negligent acts or omissions by others.

I have read this agreement and have reviewed it with or have had an opportunity to review it with an attorney of my choice. I understand the words and meaning of this agreement and am advised of all the potential dangers incidental to travel to and from and participation in the Ride along Program.

Signed: _____
(Sign Your Name)

Date: _____